



Ministry of Health

Planning Handbook for Ministry of Health Headquarters and Provincial Health Offices

Second Edition
May 2011

Foreword

Planning is a key function towards the realisation of the Government's health vision. The Ministry of Health (MOH) assumes responsibility in ensuring that support and coordination are linked directly towards the realisation and implementation of health services at all levels. The Provincial Health Offices (PHO) as an extended arm of the MOH headquarters provides coordination, supervision and technical support to districts, hospitals and training institutions. The PHO also provides a link between the MOH headquarters and other stakeholders involved in the provision of health services in the provinces.

In addition, there is need to ensure appropriate inter-linkages in the process of implementing these plans through the following:

- Development of technical guidelines such as for clinical systems and drugs and medical supplies; providing managerial and technical guidance; supporting capacity building; and setting general standards such as those contained in the Integrated Technical Guidelines and other related processes.
- Assessment of health technologies.
- Rationalising use of resources through contracting and use of cost effective technologies, selection and use of appropriate interventions, and ensuring that all levels adhere to principles of accountability and transparency.
- Mainstreaming cross-cutting issues and principles such as gender.
- Developing a framework and systems for the collection, dissemination and use of information generated within facilities and from other sources in order to help create an evidence-based practice of public and clinical health.

The above list is not exhaustive but serves to illustrate the responsibilities that the MOH headquarters bear towards delivery of quality health care services to the Zambian people. Although there has been a decline in key health indicators, the disease burden remains a major concern requiring concerted efforts of all stakeholders nationally and internationally. According to the 2007 Demographic and Health Survey (DHS) report, the country's disease burden has remained high as can be seen from the following indicators:

- Infant mortality rate is 70 per 1000 live births.
- Child mortality rate is at 119 per 1000 live births.
- Maternal mortality rate is 591 per 100,000 live births.
- HIV/AIDS prevalence rate is estimated at about 14 per cent (DHS, 2007) within the adult age group (15-59 years of age).
- Malaria incidence is estimated at 358 cases per 1,000 persons.

The challenges facing the MOH are enormous and cannot be underrated. Yet, through a careful appraisal and plan, we may within the resources and technologies at our disposal, go a long way towards achieving some measurable success. It has been said that a good plan is a battle half won. Our fight therefore is to ensure that we commence with good plans.

I am confident therefore that this second edition of the planning guide for the MOH headquarters will serve as a first step in putting together the lessons learned from our previous planning experiences and harmonises them into reference material that new and old employees at the MOH headquarters and PHOs

alike can use confidently, but will also open up our planning process for scrutiny by any stakeholder including most of all, the Zambian health consumer.



Dr. Peter Mwaba
Permanent Secretary
MINISTRY OF HEALTH

Acknowledgements

This handbook is a result of the contributions from many individuals over a few years. The first edition produced in August 2002 was distributed and used by the MOH headquarters for the development of the headquarters level action plans. With the government decision to move towards a Medium-Term Expenditure Framework (MTEF) with a rolling three year planning horizon together with adoption of new planning concepts such as the marginal budgeting for bottlenecks (MBB) and the logical framework which promote longer-term result orientation to planning, it was found necessary to revise the annual planning handbook to incorporate the new changes. The MOH would like to thank all the individuals who have made it possible for Ministry to develop this planning handbook. The list of those is given at the back of this handbook. Special thanks go to the United States Agency for International Development (USAID)/Zambia through the Zambia Integrated Systems Strengthening Programme (ZISSP) for providing financial support towards development and production of this planning handbook. This planning handbook completes the standardization of planning at all levels of the health care system.

The editorial team was comprised of: Dr. C. Simoonga (MOH), Mr. Mubita Luwabelwa (MOH), Mr. Henry C. Kansembe (MOH), Mr. Patrick Banda (MOH), Ms Emily Moonze (ZISSP), Mr. Terence Muchengwa (ZISSP), Mr. Lee Chileshe (MOH), Mr. Desmond Banda (MOH), Mr. Steve S. Mtonga (MOH), Mr. Wesley Mwambazi (MOH), and Ms Maureen D Mukelabai (ZISSP), Dr. Nanthalile Mugala (ZISSP), and Perry Musenge (Consultant).

Table of Contents

Foreword	i
Acknowledgements	iii
Table of Contents.....	iv
Glossary of Terms	v
Abbreviations	vii
1. Introduction	I
2. The MOH-Headquarters/Provincial Annual Planning Responsibilities and Schedule.....	3
3. MOH Headquarters/Provincial Health Office Annual Planning Responsibilities and Schedule	5
4. Monitoring the Implementation of the Plan	11

WORKSHEETS

Worksheet A	13
Worksheet B:	15

ANNEXURE

Annex 1: Outline for Central/Provincial Action Plan.....	18
Annex 2: National Health Strategic Plan Theme Codes	19
Annex 3: Bottleneck Analysis Explained.....	20
Annex 4: Costing Guidelines	22
Annex 5: Template for Developing A Technical Planning Updates.....	23
Annex 6: List of Cost Item Codes for Budget Preparation.....	24
Annex 7: Monitoring and Reporting of Implementation of the Plan	32
Annex 8: GANTT Chart for Summarizing Action Plan by Month	33
Annex 9: List of Individuals to the Development of the MOH-HQ/Provincial Planning Handbook.....	34

Glossary of Terms

Accreditation	The process by which a hospital is objectively judged against pre-established standards in order to provide advice on needed improvements and public acknowledgement.
Activity	In the terms of the centre action plan, an activity is a summary title given to a collection of specific sub-activities. An activity is of a higher level than a sub-activity. For example, the activity, “Develop guidelines for maintenance of laboratory equipment” might have the specific sub-activities of: a) workshop to agree on outline for the guidelines; b) committee to produce a first draft of the guidelines; c) workshop to review/amend the first draft; d) printing of the guidelines. A set of activities add up to form an output.
Activity Code	This is a code allocated by the centre core planning team for each activity included in the centre action plan.
Budget	A quantification of the resources and the associated costs of implementing a series of sub-activities, activities and outputs towards the realisation of the objective(s) and the overall plan within a defined time period.
Capital Items	Items such as vehicles, equipment and buildings that have a useful life of longer than one year.
Clinical Care	All activities and expenses that can be directly associated with patient care.
Curative Interventions	Actions that reduce or eliminate the impact of illness. They include early detection and prompt and effective treatment of the illness.
Health Promotion	The process of using information, education and channels of communication and community mobilisation to positively influence the health behaviour of individuals and groups.
Hospital Support to Health Centres	All activities and expenses related to technical support, in-service training, and clinical care provided by the hospital to the health centres.
Indicator	An observable measure of the progress made towards achieving an objective.
Inflation	A general increase in the price level leading to a corresponding fall in the purchasing value of money.
Input	Major and relevant items of expenditure needed to carry out activities. Inputs can be recurrent or capital.
In-Service Training	All activities and expenses related to retraining and orientation of staff already in service.
Indicative Planning	This is the projected level of funding anticipated for the following year.
Figure	
Monitoring	The process of regularly collecting and analysing information about the implementation of a plan so that problems can be identified and corrective action taken.
Objective	The desired end result of a set of actions. An objective should state clearly what is to be achieved, by when, by whom, how and must be able to be measured (to see if it has been achieved).
Output	An intermediary product contributing towards the achievement of a defined objective. An output is at a higher level than an activity and therefore several activities may be planned to be carried out to achieve an output. A set or series of outputs form an objective.

Plan	The definition of what is to be achieved (the objectives), how it is to be achieved (the activities), and the resources (people, materials and money) needed for implementation.
Prevention	Actions that are taken to preserve health and prevent illness or injury. Primary prevention is intended to reduce the incidence of disease and injury.
Priority	Something which is considered to be the most important. In order of priority this means that a list of activities is ranked from one onwards, with one being the activity considered the most important, and so on.
Recurrent Inputs	Resources that are used up and consumed within a year of purchase (e.g., drugs, salaries, educational materials, labour, etc.)
Sub-Activity	In the context of the centre action plan, a “sub-activity” is the specific and a detailed step involved in completing an activity.
Supportive Supervision	The process of monitoring and reviewing achievements with the purpose of providing the necessary, guidance, support and assistance to promote continual performance and quality improvement.
Strategy	A planned approach for achieving an objective. A strategy tells you how the objective will be achieved and provides a guide for the selection of specific activities to be carried out.
Technical Support	(Note: A strategy may be referred to as a ‘broad objective’). Clinical or management guidance, advice and assistance provided to other levels in the health system.
Theme	The priorities as identified and addressed in the National Health Strategic Plan are called “themes”. The structure of the centre action plan has adopted a logical frame planning format in which the “Theme” is the highest representation of the action plan, followed by “Output”, “Broad Objective” and “Activity”. The costing of the plans is further decomposed to the level of “Sub-Activity”.
Unit Code	Every unit in the centre is allocated a unique code which is then used in the planning and accounting computer systems to identify the activity and costs associated with each unit.

Abbreviations

ABB	Activity Based Budgeting
ACM	Annual Consultative Meeting
BFP	Budget Framework Paper
C/F	Carried Forward (from one year to the next)
CP	Cooperating Partners
DHO	District Health Office
FAMS	Financial Administration Management Systems
HCC	Health Centre Committee
HCPT	Hospital Core Planning Team
HMIS	Health Management Information System
HMT	Hospital Management Team
HSC	Health Sector Committee
IPF	Indicative Planning Figure
ITG	Integrated Technical Guidelines
Log Frame	Logical Framework
MOFNP	Ministry of Finance and National Planning
MOH	Ministry of Health
MOV	Measures of Verification
MPSA	Ministries, Provinces and Spending Agencies
MTEF	Medium Term Expenditure Framework
NHSP	National Health Strategic Plan
NHC	Neighbourhood Health Committee
PEs	Personnel Emoluments
PHO	Provincial Health Office
SAG	Sector Advisory Group
USAID	United States Agency for International Development
ZISSP	Zambia Integrated Systems Strengthening Programme

1. Introduction

The five-year National Health Strategic Plan (NHSP), based on the key health priorities and development objectives from the National Development Plan (NDP), defines the broad goals to be pursued by the public health sector and provides the policy framework for all interventions. Institutional strategic plans in the health sector should therefore reflect the aspirations and direction provided in the NHSP while taking cognisance of specific local and thematic requirements.

Similarly, the Annual Action Plans and Activity Based Budgets (ABB) developed by each implementation level in the public health system (community, health centre, hospital, district, province, statutory boards and central level institutions), need to translate the priorities and goals of the NHSP and the Medium Term Expenditure Framework (MTEF) into specific implementation steps that each level will take in any given year.

The Ministry of Health (MOH) Headquarters and Provincial Health Offices (PHOs) will establish core planning teams which will provide guidance and technical support to the Directorates/Units and PHO units as they develop their plans and will act as the secretariat for consolidation and physical production of the action plan and the budget. The MOH headquarters has an important role and responsibility to play in the planning process which includes the following:

- Mobilise and allocate financial and material resources to facilitate the implementation of the NHSP;
- Formulate and disseminate national priorities and policies to lower levels of the health care delivery system;
- Provision of planning guidelines in line with the MTEF so as to guide MOH units in the definition of each year's specific activities to be carried out to promote the achievement of the defined objectives;
- Identify areas where achievement is flagging and where more attention is required;
- Determine areas where central support is required to promote better progress towards achieving the goals of the NHSP;
- Design appropriate interventions for the national level that will facilitate improved performance of the public health sector in its service delivery function;
- To provide technical backstopping to public and private health care providers; and
- Monitor and evaluate the implementation of the NHSP at all levels. The MOH headquarters, with the support of the core planning team and PHO, will be responsible for quarterly monitoring, evaluation and reporting of the progress being achieved in the implementation of the annual action plan.

The PHOs are a crucial link that supports the headquarters in operationalization of the NHSP at the lower levels. The PHOs have responsibilities of:

- Ensuring that all the districts and hospitals are kept up-to-date with new national policies and NHSP programmatic innovations;
- Providing technical and managerial support to MOH units within their jurisdiction;
- Leading and supporting the MOH units in their annual planning process;
- Managing the reporting and other monitoring systems to ensure that MOH units meet their performance targets;
- Monitoring the quality of the services being provided by their MOH units and providing technical assistance; and
- Provide information from the field for use in the planning process at headquarters.

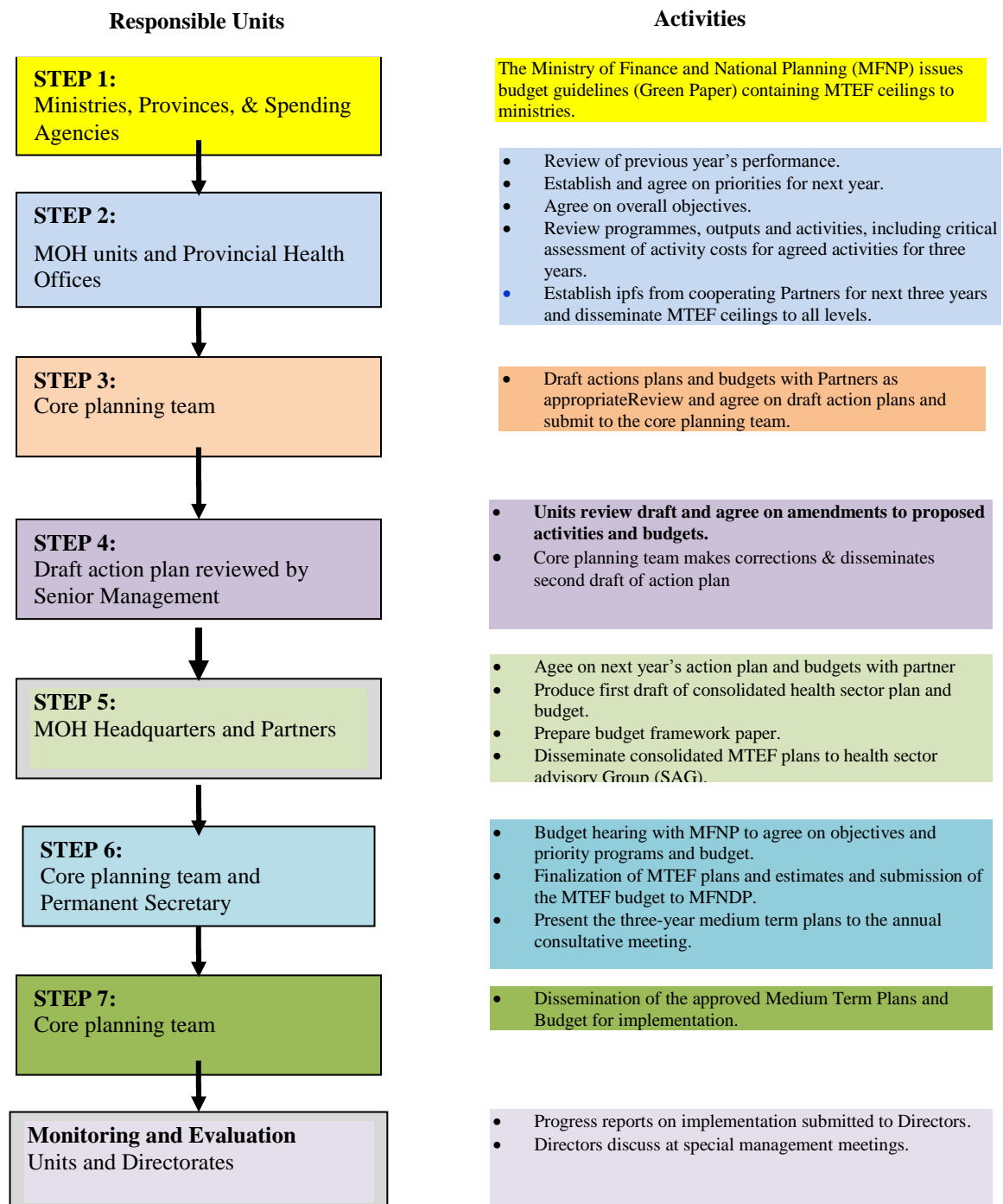
This handbook aims at providing step-by-step guidance on what needs to be done to ensure focused and coordinated planning of activities. It outlines the process and provides the basic tools that the MOH headquarters and PHOs require for effective planning and budgeting in line with the MTEF.

2. The MOH-Headquarters/Provincial Annual Planning Responsibilities and Schedule

Activities		April				May				June				July				Aug				Sept				Oct			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	Each Director (inclusive of the Provincial Medical Offices) prepares an annotated list of actions to focus on for next year and the Sector Advisory Group (SAG) meeting.																												
2	Core planning teams ensure that a paper (technical updates) is produced highlighting agreed priorities and objectives.																												
3	Each Directorate/ unit presents draft activities and budgets to be agreed.																												

Activities		April				May				June				July				Aug				Sept				Oct			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
4	Directorates /units produce draft action plans.																												
5	Consolidati on of MOH draft action plan takes place.																												
6	Draft action plan circulated to all Directors for review.																												
7	Draft medium term plan will be circulated to the policy meeting.																												
9	Review and submission of final plan to Ministry Finance and National Planning.																												
8	Presentation of the final medium term plan to the SAG meeting.																												

3. MOH Headquarters/Provincial Health Office Annual Planning Responsibilities and Schedule



In the first week of April each year, each Director should have reviewed their performance (HMIS, Demographic Health Survey, Surveys, Campaigns, and Action Plans, etc.) for the year and prepared technical updates which will be shared at the national planning launch meetings, in support of improved service delivery. These technical updates should be submitted to the core planning team at headquarters. The updates should be detailed enough for the core planning team to understand the rationale and justification (see Annex 5). By the end of the last week of April each year, the headquarters core planning team will produce a consolidated technical updates document which will include the following:

- A summary of the framework provided by the National Health Strategic Plan as the context to action planning;
- A review of the progress achieved against each of the priorities and objectives established for the previous year;
- A review of the current situation facing the public health services;
- An analysis of opportunities and constraints that may influence the selection of priorities and objectives for the headquarters for the next three years;
- A bottleneck analysis in order to identify constraints to achieving set objectives by the hospital departments. Enter this information in the **bottleneck analysis template**;
- Preliminary indications of anticipated Partner funding derived from prior knowledge of their multi-year commitments; and
- Indicative planning figures for each Directorate in the MTEF.

During the same period, the Provincial Medical Officers (PMOs) should also be reviewing their performance to be used at a later when adapting the national technical updates to the provincial picture.

Step 1: Defining Social Sector Priorities and Objectives for the next Medium Term Expenditure Framework

The MFNP issues budget guidelines (Green Paper) containing MTEF ceilings to ministries.

Step 2: Defining Priorities and Objectives for the Next Year

The consolidated document of technical updates will be discussed at a meeting to be held in the June MOH/Cooperating Partners (CPs) policy consultative meeting and headquarters, whereas PMOs will do the same with their CPs. The objectives of this meeting will be to:

- i. Discuss the technical updates that had been previously circulated;
- ii. Agree on the overall priorities for the next three years for the health sector; and
- iii. Define the overall, cross-cutting objectives in line with the established priority areas that will be applicable to all the Directorates and the Provinces.

The priorities and objectives are intended to guide the overall health sector planning focus. The objectives will be broad and will require the efforts of all levels to achieve. An example is given in the box below.

Example

Priority and Associated Objectives

Priority: Improved quality of care for TB patients

Objectives:

1. To ensure a constant supply of TB drugs in all hospitals and districts during the next three years
2. To conduct a quarterly review of cure rate reports from each of the provincial TB focal persons

The core planning teams will act as the Secretariat for this meeting and will ensure that minutes are produced highlighting agreed priorities and objectives. The minutes will then be circulated to the SAG and will be discussed in the third week of May. However, the provincial meeting will culminate with the actual planning process at the provincial level. It is at these meetings that the government and cooperating Partners will be expected to confirm the level of support towards the identified priorities and objectives for the health sector.

Step 3: National and Provincial Launch Meetings

The MOH headquarters will be expected to hold a national planning launch meeting in the third week of May every year. During this meeting the technical updates will be shared with all the directorates/units and provincial offices. The PHO will also hold their respective provincial launch meetings between the first and third weeks of June of every year and will be expected to share information from the MOH headquarters and their performance against the national set target.

Step 4: Directorates/Units and Provinces Define Activities and Budgets

Following the presentation of the priorities and objectives for the next three years, each Directorate/Unit and Province should then convene a meeting to:

- Provide briefing on the sector priorities and objectives and get further inputs to the suggested priorities and objectives;
- Discuss key outputs and define activities that should be included in their action plan to contribute towards the achievement of the objectives; and

- Populate the planning templates provided below for presentation of objectives, outputs and activities for the next three years.

Results Chain		Indicators	Measures of Verification (MOV)	Base	Target		
					Year 1	Year 2	Year 3
Objective	Objective 1						
	Objective 2						
Key results	Output 1.1						
	Output 1.2						
	Output 2.1						
	Output 2.2						

Output/Activity	Timeframe				Cost/Funder			Funded	Partners	Internal
	Q1	Q2	Q3	Q4	GRZ	Donor	Total			
Output 1.1										
Activity 1.1.1	x									
Activity 1.1.2	x	x	x	x						
Sub Total										

Output 1.2										
Activity 1.2.1	x	x	x	x						
Activity 1.2.2	x	x	x	x						
Sub Total										

Output 2.1										
Activity 2.1.1	x	x	x	x						
Activity 2.1.2	x	x	x	x						
Sub Total										

Output 2.2										
Activity 2.2.1	x	x	x	x						
Activity 2.2.2	x	x	x	x						
Sub Total										

Unit Total

Step 5: Directorate/Provincial Health Office Meetings

Each Directorate/PHO should set a date for a meeting with all units to present its proposed activities for inclusion in the next Medium Term Expenditure Plan. Members of the core planning team should attend each of the meetings to provide technical support and direction. This meeting should also allocate a priority tag, starting with the most important as priority number one and continuing sequentially until each activity has been numbered. Top priorities will be selected from this list in such a way that the total costing of all these activities should be within the available resources. The rest of the activities will be entered as unfunded activities.

Each unit is responsible for detailing the strategies and activities for the next three years that will contribute to the achievement of the overall objectives. Wherever possible, the units should involve their technical partners to gain their assistance and to enlist their support. The proposed activities and

associated costs should be recorded in the tables shown above. Detailed guidance on how to complete the tables is provided in Worksheet A.

Following this meeting, any agreed changes should be corrected in the planning templates and these should be submitted to the core planning team to enter into the action plan database.

Step 6: Production of the First Draft of Consolidated Action Plan

By the end of the third week of August, the core planning team should have completed the following work:

- A first draft of a consolidated three year medium term plan; and
- A comparison of the total proposed budget for all activities from all Directorates with the anticipated funding for the next three years.

If the core planning team detects any discrepancies or errors in the budget sheets, they will contact the relevant unit to discuss the problem and any necessary corrections prior to data entry. The first draft of the three year medium term plan will then be circulated to all directors for review at a meeting in the last week of August. The first draft will also be checked for consistency with the NHSP objectives.

Step 7: Review of Draft Institutional Plans by the Provincial Health Offices

Each PHO, with support from the MOH headquarters, will hold meetings by the second and third weeks of July to review draft action plans for their respective health institutions. This will culminate into finalization and submission of annual budgets and action plans to the MOH headquarters core planning team for consolidation into the national budget. However, the meeting should consider the following:

- The previous year's performance in relation to proposed priorities;
- Consistency of the proposed activities with the NHSP objectives;
- Comparison of the proposed expenditure for each PHO with the indicative planning figure prepared by the core planning team; and
- Recommendations on provincial activities that should be dropped from the next year's action plan to bring the proposed expenditure in line with anticipated funding.

Step 8: Review of Draft Directorate Action Plans by Directorates

All Directorate/unit heads will meet by 4th July to review the first draft of the three year medium term plan for the following year. This review will focus on the following issues:

- Consistency of the proposed Directorate activities with the NHSP objectives;
- Any activities that need to be included to ensure that the NHSP objectives are accomplished;
- A comparison of the proposed expenditure for each PHO with the indicative planning figure prepared by the core planning team; and
- Recommendations on the central Directorate and provincial activities that should be dropped from the next year's action plan to bring proposed expenditure in line with anticipated funding.

Following this meeting, the decisions made will be entered into the planning database and a second draft of the three year medium term plan will be produced and disseminated to stakeholders for review and solicit input to the plan by 2nd week of August

Step 9: Agreement on Medium Term Plan and Budget

The second draft consolidated medium term plan will be used as a basis for the development of the health sector Budget Framework Paper (BFP). The MOH will attend budget hearing meetings with the Ministry of Finance and National Planning. The BFP and the draft medium term plan will be circulated to the stakeholders and discussed during the scheduled policy meeting. Respective Directorates should justify and knowledgeably discuss their components of the medium term plan. The MOH will attend budget hearing meetings with the Ministry of Finance and National Planning.

Step 10: Finalisation and Approval of the Medium Term Plan and Budget

A final version of the three year medium term plan and budget will be produced and disseminated to the Annual Consultative Meeting (ACM). Any amendments to the activities and budgets agreed at the ACM will be entered into the planning database by the core planning team. The three year medium term plan and budget will be submitted to Ministry of Finance and National Planning at the end of the first week of September and disseminated to all MOH units and stakeholders in the health sector for implementation.

4. Monitoring the Implementation of the Plan

The MOH headquarters and PHOs will be required to monitor the implementation of their plans and to report on progress being made towards achieving the expected outputs each year. In addition, headquarters will undertake a mid-term review of the implementation of the Health Sector Strategic Plan.

Monitoring is done by analysing the variance between the planned activities and the implemented or actual activities. The aspects to be monitored include:

- Defining and measuring indicators against planned activities;
- Tracking the implementation of the activities;
- Measuring the achievement of the objectives;
- Reporting on the resource disbursements, expenditures and balances; and
- Assessing the coordination of programme implementation.

The monitoring of the plan should be made at the following levels:

Directorate and Provincial Health Office Progress Report

Quarterly progress reports are to be made for discussion within the Directorates, PHOs and respective units. The reports need to be undertaken by the appropriate heads of units for coordination and accountability. The framework of the progress report will incorporate the following:

Quarterly Progress Report Schedule

Dept.	e.g., PHO or Directorate at MOH headquarters						
Unit	e.g., Accounts, Procurement, etc.						
Theme	As indicated in the NHSP						
Objective	The objective of the programme						
Output	Key result area						
Activity	Implementation Status	Budget	Funding Source		Receipts	Exp	Balance
			Donor	GRZ			
TOTAL							

Ministry of Health Headquarters Level

Monthly progress reports will be produced and presented to MOH senior management and later to Cabinet office. These reports will later be aggregated into Quarterly Management Reports.

Mid-Year or Bi-Annual Report

The PHOs will submit all Performance Assessment and Technical Support Supervision reports to the MOH headquarters through the Technical Support Directorate. However, all financial, HMIS and progress reports shall be submitted to the MOH headquarters through relevant Directorates/units. Bi-annual reports will be made and used as a basis for the SAG meeting as well as for the development of an annual report and other related key reports.

Annual Report

All the above reports will eventually be amalgamated to produce the Annual Report of the MOH.

Worksheet A

INSTRUCTIONS FOR COMPLETION OF THE BUDGET SHEET

Each unit must complete a set of 3 forms (A and B) for each of the planned activities to achieve in the next year. Start a new form A for each separate activity.

Part A

During the Directorate/provincial meeting at which the director briefed all the units on the agreed priorities and objectives for the coming year, each unit should have been given clear guidance on the outputs that they are expected to achieve in support of the agreed department objectives. Based on the information given to them by their director, each unit should complete worksheet A as follows:

Department: Public Health and Research/Lusaka Provincial Health Office

Unit Reproductive Health

Results Chain		Indicators	MOV	Base	Target		
					Yr 1	Yr 2	Yr 3
Objective	Objective 1						
	Objective 2						
Key results	Output 1.1						
	Output 1.2						
	Output 2.1						
	Output 2.2						

Output/Activity	Timeframe				Cost/Funder			Funded	Partners	Internal
	Q1	Q2	Q3	Q4	GRZ	Donor	Total			
Output 1.1										
Activity 1.1.1	x									
Activity 1.1.2	x	x	x	x						
Sub Total										

Output 1.2										
Activity 1.2.1	x	x	x	x						
Activity 1.2.2	x	x	x	x						
Sub Total										

Output 2.1										
Activity 2.1.1	x	x	x	x						
Activity 2.1.2	x	x	x	x						
Sub Total										

Output 2.2										
Activity 2.2.1	x	x	x	x						
Activity 2.2.2	x	x	x	x						
Sub Total										

Unit Total										
-------------------	--	--	--	--	--	--	--	--	--	--

INSTRUCTIONS

1. Department/Unit

The appropriate department and unit names should be inserted in the space provided.

2. National Health Strategic Plan Theme

The “themes” are drawn from the NHSP, a list of which is provided in Annex 2, together with the appropriate codes. Units should write the name of the theme into which their proposed output fits on the line provided and then write the appropriate theme code in the box alongside.

3. Objective

All objectives for the next year will have been defined by the directors. Write the name of the objective which your proposed output will contribute to on the provided space, followed by the appropriate code. (A list of all the themes, objectives and codes for both will be provided by the MOH headquarters core planning team every year).

4. Output

An output is the intermediary product contributing towards the achievement of a defined objective. An output is at a “higher level” than an activity. This is in consultation with the MOH.

5. Activities

The unit should list out, in order of priority all the activities proposed to be carried out to achieve the specified output. Sufficient space is provided for separate activities for the same output. The first activity should be the one you consider to be of the highest priority (No. 1) and so on. See the example in the box above.

Part B

Once Part A of the Action Plan Budget Sheet has been partially completed, the unit should use worksheet B for the cost details of activities.

WORKSHEET B:

MINISTRY OF HEALTH MEDIUM TERM EXPENDITURE FRAMEWORK 2012 - 2014

B. Unit Reproductive Health

D. Output Essential Newborn Care

F. Description Essential newborn care (ENC) which is usually facility based will be harmonized with the home-based care of the newborn. An assessment of the impact made by the trained frontline workers in ENC will be done.

E. Activity 1 Follow up visits to health centres with trained personnel in ENC

G. Inputs G.1	G2	G3	G4	G5	G6	G7	G8	G9	G10	G11	G12	G13	G14
Funding source (e.g., GRZ, EU)	Funding type (GRZ, Loan or Grant)	Account type code	Subhead code	Item code	Sub item code	Subsub item code	Subsub item name	Unit cost	Quantity	No. of days	Total	Internal funding (Yes/No)	Funds available (Yes/No)
GRZ	GRZ	2	2	8	1	10	DSA	295,000	20	5	29,500,000	Yes	Yes
GRZ	GRZ	2	2	8	1	40	Fuel	1,725	5,000	2	17,250,000	Yes	Yes
GRZ	GRZ	2	2	8	1	30	Lunch	50,000	30	5	7,500,000	Yes	Yes
Sub activity Total											54,250,000		

E. Activity 2 Training frontline workers in ENC

G. Inputs

G1	G2	G3	G4	G5	G6	G7	G8	G9	G10	G11	G12	G13	G14
Funding source (e.g., GRZ, EU)	Funding type (GRZ, Loan or Grant)	Account type code	Subhead code	Item code	Sub item code	Subsub item code	Subsub item name	Unit cost	Quantity	No. of days	Total	Internal funding (Yes/No)	Funds available (Yes/No)
CIDA	Grant	2	2	8	1	10	DSA	295,000	20	7	41,300,000	Yes	Yes
CIDA	Grant	2	2	8	1	50	Stationary	50,000	80	1	4,000,000	Yes	Yes
CIDA	Grant	2	2	8	1	50	Toner	1,500,000	4	1	6,000,000	Yes	Yes
Sub											51,300,000		

Exchange rate (Kwacha per foreign exchange)

Every year, the MOH headquarters core planning team will provide all Provinces and Directorates with the exchange rate that should be used in budgeting for activities for the action plan. This information will be contained in the Financial Planning Guidelines for the following year. The correct exchange rate for each type of foreign exchange will be provided. To obtain the Kwacha equivalent, multiply the amount of foreign currency by the exchange rate for that currency.

Annex 1: Outline for Central/Provincial Action Plan

FOREWORD

1.0. INTRODUCTION

- 1.1 Vision of MOH
- 1.2 Restructured MOH
- 1.3 Roles and functions
- 1.4 Priorities for next three years

2.0 DIRECTORATE/UNIT NAME

2.1 Review of previous year's performance

In this section, Directorates should provide an overview of the previous three years' performance as regards achievement of objectives identified in the previous three years.

2.2 Focus and priorities for the coming three years

In this section, the Directorates should state the priority interventions for implementation in the next years. The identified actions should be derived from the priority list prepared and disseminated by the centre (MOH headquarters) core planning team, based on the National Health Strategic Plan. These interventions should consider low income persons considered to be poor within the local context and have a gender focus within the framework of the National Development Plan

2.3 Objectives and expected outputs

The Directorates should state the objectives and expected outputs for the next three years. These outputs should be clear and have coherent links with the broad objectives in the NHSP. The Directorates should attempt to demonstrate how their objectives will contribute to the attainment of the health sector vision of improving the health status of Zambians. The outputs should be specific, measurable, attainable and time bound in line with the MTEF requirements.

2.4 Costed activities

In this section, Directorates are expected to state the activities that will lead to the attainment of the outputs to achieve the objectives stated in the section above using Worksheet A. Directorates should also provide a list of inputs needed to carry out the activities using Worksheet B.

Annex 2: National Health Strategic Plan Theme Codes

NHSP Theme	Code
Service Delivery	1
Human Resources	2
Commodities and Infrastructure	3
Leadership and Governance	4
Health Care Financing	5
Health Information	6

Annex 3: Bottleneck Analysis Explained

A bottleneck is an identified constraint to achieving goals and targets. The Marginal Budgeting for Bottlenecks or MBB, which uses the bottleneck analysis, is being rolled out in Zambia through nine pilot districts. This tool focuses on issues which prevent a health system from reaching its goals. The bottleneck analysis uses five implementation issues to identify issues at progressive levels. These are:

1. **Availability** of essential commodities and human resources: assessing the availability of critical health system inputs such as drugs, vaccines and supplies. This information is obtained from stock registers and facility surveys.
2. **Accessibility**: describing the physical access of clients to health services. Accessibility includes outreach services as well as physical and financial accessibility.
3. **Initial utilization**: describing the first use of a multi-contact service, for example, first antenatal contact or BCG immunization. Initial utilization indicates the members of the target population actually using the services.
4. **Timely, continuous utilization**: indicating whether patients get the full treatment. This aspect documents the continuity of care and compliance.
5. **Effective quality**: explaining the quality of care measured by assessing the skills of the health workers. Effective quality means that potential clients are receiving quality care.

These determinants are sequential. Bottlenecks are identified by examining the gaps among the five determinants and finding the weakest link in the service delivery chain. For example, the figures below reveal that the bottlenecks in EPI coverage (seen as drops in coverage) are multiple:

- i) Availability of EPI is low (30%) at district level with frequent stock outs of basic vaccines;
- ii) Use at household level is insufficient, with mothers not bringing their children in for vaccination (20%);
- iii) In addition, the quality is poor with 2% of children fully vaccinated at 11 months.

The key here is to reduce stock outs and address the reasons why mothers are not using the immunization services.

Since the bottlenecks affecting scaling-up of interventions at a given level of service delivery are common, it is prudent to choose a representative intervention to act as a tracer for each service delivery mode and do an analysis for the five implementation issues mentioned above with regard to existence of bottlenecks, sources of bottlenecks, solutions to remove bottlenecks, specific actions to be taken and the expected bottleneck reduction measured by specific indicators as in the example below.

ANNEX 3: EXAMPLE OF BOTTLENECK ANALYSIS

Tracer Intervention: PMTCT: Service Delivery Mode: Population Oriented Scheduled Services							
Coverage Determinants	Indicators	Baseline Coverage (%)	Bottleneck yes/no	Possible Causes of Bottleneck	Proposed Operational Strategies/Solutions	Specific Activities to Be Undertaken	Expected Bottleneck Reduction
Availability of essential commodities	% facilities with ART available	63%	Yes	Poor forecasting and commodity management	(1) Improve forecasting skills (2) Mid-level manager's training	Conduct workshop for facility staff on forecasting and logistics management	Increase from 63 to 81% by 2010 (50% bottleneck reduction)
Availability of human resources	Availability of trained nurses/ midwives in relation to need	20%	Yes	(1) Brain drain (2) Low staff retention (3) Lack of FP-trained nurses (4) Compensation for CHWs	(1) Strengthen staff retention schemes (2) Provide scholarships to nursing training conditioned on bonding	Develop staff recruitment and retention plan Goal: to have 2 trained per facility	30% bottleneck reduction
Physical accessibility	% communities within 8km of health facilities with regular PMTCT services	44%	Yes	(1) Skewed distribution of health facilities in favour of urban areas (2) Inadequate number of PMTCT sites	(1) Construction of health facilities in rural communities (2) Set up more PMTCT sites	Identify sites for construction of health facilities and lobby for financial support from the MOH headquarters	25% bottleneck reduction
Initial utilization	% pregnant women receiving PMTCT counselling and being tested	60%	Yes	(1) Not all facilities currently provide PMTCT (2) Inadequate sensitisation (3) Low % of women delivering at facilities (4) Lack of privacy in rural delivery and the time/ effort to travel to rural facility	(1) Building mothers' shelters (2) BCC package for PMTCT staff (3) Link PMTCT to immunization visits		40% bottleneck reduction
Timely continuous utilization	% HIV+ pregnant women receiving Nevirapine	39%	No				
Effective quality	% infants born to HIV+ mothers receiving Cotrimoxazole prophylaxis	80%	No				

Annex 4: Costing Guidelines

A	Department	Enter Department name, e.g. Public Health Office or Northern Province
B	Unit	Enter unit name, e.g., National Malaria Control Centre or Kasama
C	Objective	Enter the key objective for implementing a given programme.
D	Output	Enter the output expected for that particular level
E	Activity Name	Enter one particular activity for the output selected in D
F	Description	Instruction
G	Inputs	Resources/ items
G1	Funding Source	Enter the code of the source of funding for that particular cost item from the list of funding sources
G2	Funding Type	Enter grant
G3-G8	Account type, Sub-head Code, Sub-head Description, Item Code, Item Description, Sub-item Code, Sub-item Description, sub- - sub item code and description	Make reference to guidelines for the use of ABB codes
G9	Unit Cost	Price of each item for the total requirement
G10	Quantity	Number of units required
G11	No. of Days	Number of days to conduct the activity
G12	Total	Product of G9, G10 and G11
G13	Internal Funding	Indicate whether funds will be sourced locally
G14	Fund Available	Indicate whether the stated amounts are available from the source indicated

Annex 5: Template for Developing A Technical Planning Updates

1.0. Programme Area: e.g., Child Health

2.0. Situation Analysis

Brief description of status of programme area and where relevant include epidemiological information.

3.0. Past Performance

3.1. Key areas of Focus for previous year

Please list the key areas of focus for the current year.

3.2. Programme Performance

Programme area	Objective	Achievements	Key challenges	Carryover activities from previous year	Focus for the following year
E.g., Immunization					

4.0. Conclusion

Annex 6: List of Cost Item Codes for Budget Preparation

Account Type	Sub- Head	Sub-head Title
2	1	Personal Emoluments
2	2	Use of Goods and Services
2	3	Consumption of Fixed Capital
2	4	Financial Charges
2	5	Social Benefits
2	6	Grants and Other Payments
2	7	Subsidies
2	8	Legal Costs
2	9	Constitutional and Statutory Expenditure
3	1	Non-Financial Assets

Account Type	Sub- Head	Item	Item Title
2	1	1	Salaries
2	1	2	Wages
2	1	3	Allowances
2	1	4	Personnel Related Costs
2	2	1	Office Costs
2	2	2	Building, Repair and Maintenance Costs
2	2	3	Plant, Machinery, Vehicle Running and Maintenance Costs
2	2	4	Other Administrative Operating Costs
2	2	5	Requisites
2	2	6	Services
2	2	7	Travel Expenses
2	2	8	Training
2	2	9	Legal Costs
2	4	3	Other Financial Charges
2	5	1	Social Assistance Benefits
2	6	1	Grants to Grant-Aided Institutions
2	6	2	Grants to Non-Governmental Organizations
2	6	3	Grants to Households
2	6	4	Grants to Institutional Revolving Funds
2	6	5	Other Grants
2	6	6	Transfers to Government Units
2	6	7	Other Payments
2	8	1	Legal Expenses
3	1	1	Fixed Assets

Account Type	Sub-Head	Item	Sub-Item	Sub-Item Title
2	1	1	1	Salaries - Public Service
2	1	2	0	Wages
2	1	3	1	Flexible Allowances
2	1	3	2	Fixed Allowances
2	1	4	1	Housing Costs
2	1	4	2	Statutory Contributions
2	2	1	0	Office Costs
2	2	2	0	Building, Repair and Maintenance Costs
2	2	3	0	Plant, Machinery, Vehicle Running and Maintenance Costs
2	2	4	0	Other Administrative Operating Costs
2	2	5	0	Requisites
2	2	6	0	Services
2	2	7	1	Travel Expenses Within Zambia
2	2	7	2	Travel Expenses Outside Zambia
2	2	8	1	Short-term training and Staff Development within Zambia (<= 6 Months)
2	2	8	2	Short-term training and Staff Development outside Zambia (<= 6 Months)
2	2	8	3	Long-term training and Staff Development within Zambia (> 6 Months)
2	2	8	4	Long-term training and Staff Development outside Zambia (> Months)
2	2	8	5	Registration and Subscriptions (Professional Bodies
2	2	8	6	Medical Costs
2	2	8	7	Other Costs
2	2	9	0	Legal Costs
2	4	3	0	Other Financial Charges
2	5	1	0	Social Assistance Benefits
2	6	1	0	Grants to Grant Aided Institutions
2	6	2	0	Grants to Non-Governmental Organizations
2	6	3	0	Grants to Households
2	6	4	0	Grants to Institutional Revolving Funds
2	6	5	0	Other Grants
2	6	6	0	Transfers to Government Units
2	6	7	0	Other Payments
2	8	1	0	Legal Expenses
3	1	1	1	Buildings and Structures
3	1	1	2	Plant, Machinery and Equipment
3	1	1	3	Office Equipment
3	1	1	5	Other Assets
3	1	1	7	Vehicles and Motor Cycles
3	1	1	8	Specialized Vehicles
3	1	1	9	Intangible Fixed Assets

Account Type	Sub-Head	Item	Sub-Item	Sub-Sub Item	Account Name
2	1	1	1	10	Super Scale
2	1	1	1	20	Salaries Division I
2	1	1	1	30	Salaries Division II
2	1	1	1	40	Salaries Division III
2	1	1	1	50	Contractual Salaries
2	1	1	1	60	Salaries – Locally Engaged Staff
2	1	2	0	10	Wages – Classified Employees
2	1	3	1	10	Retention Allowance
2	1	3	1	20	Special Education Allowance
2	1	3	1	30	Rural Hardship Allowance
2	1	3	1	40	Extra Duty Allowance
2	1	3	1	50	Local Supplementation Allowance
2	1	3	2	1	Cash in Lieu of Leave Division I
2	1	3	2	3	Cash in Lieu of Leave Division II
2	1	3	2	5	Cash in Lieu of Leave Division III
2	1	3	2	7	Cash in Lieu of Leave Teaching Service
2	1	3	2	9	Cash in Lieu of Leave Classified Employees
2	1	3	2	11	Commutated Night Duty Allowance
2	1	3	2	13	Overtime Division II
2	1	3	2	15	Overtime Division III
2	1	3	2	17	Overtime Classified Employees
2	1	3	2	19	Commutated Overtime
2	1	3	2	27	Responsibility Allowance
2	1	3	2	29	Instructor's Allowance
2	1	3	2	33	Shift Allowance
2	1	3	2	47	Long Service Bonus
2	1	3	2	49	Travelling on Leave
2	1	3	2	59	On Call Allowance
2	1	3	2	67	Transport Allowance
2	1	3	2	69	Risk Allowance
2	1	3	2	71	Housing Allowance
2	1	3	2	75	Contract Gratuity
2	1	3	2	79	Education Allowance
2	1	3	2	83	Extra Accreditation Allowance
2	1	3	2	99	Other Allowances
2	1	4	1	60	House Rentals

Account Type	Sub-Head	Item	Sub-Item	Sub-Sub Item	Account Name
2	2	1	0	10	Office Material
2	2	1	0	20	Phone, Fax, Telex, Radio (Charges and Maintenance)
2	2	1	0	30	Internet Charges
2	2	1	0	40	Postal Charges
2	2	1	0	50	Computer and Peripheral Costs
2	2	1	0	60	Maintenance of Office Equipment
2	2	1	0	70	Machine Spare Parts
2	2	1	0	80	Data Processing Services
2	2	1	0	90	Books, Magazines, Newspapers , Documentation
2	2	1	0	95	Insurance
2	2	2	0	10	Rentals for Buildings
2	2	2	0	20	Water and Sanitation Charges
2	2	2	0	30	Electricity Charges
2	2	2	0	40	Building Maintenance (Maintenance, Consumables)
2	2	2	0	50	Office Furniture and Fittings (Maintenance)
2	2	2	0	60	Insurance for Buildings
2	2	2	0	70	Security and Care Taking Charges
2	2	3	0	10	Petrol, Oil and Lubricants
2	2	3	0	20	Servicing (Other Consumables)
2	2	3	0	30	Spare Parts
2	2	3	0	40	Tyres
2	2	3	0	50	Repairs
2	2	3	0	60	Insurance
2	2	3	0	70	Licenses and Taxes
2	2	3	0	99	Other Costs
2	2	4	0	10	Provisions
2	2	4	0	30	Meal Allowance
2	2	4	0	40	Uniform Allowance
2	2	4	0	50	Repatriation Allowance
2	2	4	0	60	Boards and Committees Allowances
2	2	4	0	99	Other Costs
2	2	5	0	1	Hand Tools and Equipment
2	2	5	0	3	Dental Material
2	2	5	0	5	Protective Wear, Clothing and Uniforms
2	2	5	0	8	Blood Bank Materials
2	2	5	0	10	Drugs, Vaccines
2	2	5	0	13	Drugs for HIV and AIDS

Account Type	Sub-Head	Item	Sub-Item	Sub-Sub Item	Account Name
2	2	5	0	15	Medical Supplies (Except Drugs and Vaccines)
2	2	5	0	18	Surgery Materials
2	2	5	0	20	X-ray Materials
2	2	5	0	23	Material and Appliances for the Sick
2	2	5	0	29	Insecticides
2	2	5	0	33	Veterinary Material
2	2	5	0	38	Survey and Mapping
2	2	5	0	40	School Requisites
2	2	5	0	43	Laboratory Material
2	2	5	0	45	Medical Stationery
2	2	5	0	48	Water Treatment Chemicals
2	2	5	0	99	Other Purchases
2	2	6	0	1	Consultancy, Studies, Fees, Technical Assistance
2	2	6	0	3	Audit Fees
2	2	6	0	4	Accounts and Audit Services Expenses
2	2	6	0	5	Printing
2	2	6	0	8	Advertisement and Publicity
2	2	6	0	10	Technical Equipment Repair and Maintenance
2	2	6	0	13	Transportation
2	2	6	0	18	Official Entertainment
2	2	6	0	20	Public Functions and Ceremonies
2	2	6	0	23	Shows and Exhibits
2	2	6	0	30	Accommodation
2	2	6	0	33	Expenses of Boards and Committees
2	2	6	0	35	Hire of Motor Vehicles
2	2	6	0	40	Insurance - Technical Equipment
2	2	6	0	45	Cultural Promotion
2	2	6	0	48	Census and Statistical Survey Expenses
2	2	6	0	50	Population and Communication
2	2	6	0	53	Welfare and Recreation
2	2	6	0	58	Research and Feasibility Studies
2	2	6	0	60	Labour Day Expenses and Awards
2	2	6	0	63	Hire of Plant and Equipment
2	2	6	0	73	Medical Fees/Charges
2	2	6	0	75	Medical Fees/Charges Abroad
2	2	6	0	78	Conferences, Seminars and Workshops
2	2	6	0	83	Bank Charges

Account Type	Sub-Head	Item	Sub-Item	Sub-Sub Item	Account Name
2	2	6	0	99	Other Services
2	2	7	1	10	Road, Rail and Air Fares
2	2	7	1	20	Accommodation Charges
2	2	7	1	30	Allowances
2	2	7	1	40	Kilometre Allowance
2	2	7	1	50	Petrol, Oil and Lubricant
2	2	7	1	60	Airport Charges
2	2	7	2	10	Road, Rail and Air Fares
2	2	7	2	20	Accommodation Charges
2	2	7	2	30	Allowances
2	2	7	2	40	Kilometre Allowance
2	2	7	2	50	Petrol, Oil and Lubricants
2	2	7	2	60	Airport Charges
2	2	7	2	70	Visas
2	2	8	1	10	Training Allowances
2	2	8	1	20	Training and Education Charges
2	2	8	1	30	Workshops, Seminars and Conferences
2	2	8	1	40	Road, Rail and Air Fares
2	2	8	1	50	Other Expenses
2	2	8	2	10	Training Allowances
2	2	8	2	20	Training and Education Charges
2	2	8	2	30	Workshops, Seminars and Conferences
2	2	8	2	40	Road, Rail and Air Fares
2	2	8	2	50	Other Expenses
2	2	8	3	10	Training Allowances
2	2	8	3	20	Training and Education Charges
2	2	8	3	40	Bursaries Award
2	2	8	3	50	Road, Rail and Air Fares
2	2	8	3	60	Other Expenses
2	2	8	4	10	Training Allowances
2	2	8	4	20	Training and Education Charges
2	2	8	4	30	Bursaries Award
2	2	8	4	40	Road, Rail and Air Fares
2	2	8	4	50	Other Expenses
2	2	8	5	10	Registration
2	2	8	5	20	Subscriptions
2	2	8	6	10	Medical Charges within Zambia

Account Type	Sub-Head	Item	Sub-Item	Sub-Sub Item	Account Name
2	2	8	6	20	Medical Charges outside Zambia
2	2	8	7	10	Other Expenses
2	2	9	0	10	Compensation and Awards
2	2	9	0	50	Legal Fees
2	4	3	0	10	Contractual Penalties
2	5	1	0	30	Social Assistance Benefits
2	5	1	0	99	Other Social Benefits
2	6	1	0	10	Grants to Government Agencies
2	6	1	0	20	Grants to Local Authorities
2	6	3	0	20	Scholarships
2	6	2	0	10	Grants to Non-Governmental Organizations
2	6	3	0	50	Medical Treatment outside Zambia (non-employees)
2	6	4	0	10	Grants to Institutional Revolving Funds
2	6	5	0	10	Other Grants
2	6	6	0	10	Funding to Government Units
2	6	7	0	10	Contributions to International Organizations
2	8	1	0	10	Compensation and Awards
2	8	1	0	30	Retrenchee Claims
2	8	1	0	40	Penalties (court cases)
3	1	1	1	1	Residential Buildings
3	1	1	1	2	Office Buildings
3	1	1	1	3	Fixtures and Fittings
3	1	1	1	5	Colleges
3	1	1	1	7	Hospitals, Clinics and Health Centres
3	1	1	2	3	Air Conditioning Equipment
3	1	1	2	4	Elevators
3	1	1	2	5	Electrical and Electronic Equipment
3	1	1	2	6	Medical Equipment
3	1	1	2	7	Laboratory and Scientific Equipment
3	1	1	2	10	Marine Equipment
3	1	1	2	12	Solar Equipment
3	1	1	2	99	Other Machinery and Equipment
3	1	1	3	1	Computers, Peripherals, Equipment
3	1	1	3	2	Communication Equipment
3	1	1	3	3	Telephone, Fax, Telex, Radio
3	1	1	3	4	Refrigerator, TV, VCR, Cameras, Air Conditioners
3	1	1	3	99	Other Office Equipment
3	1	1	5	1	Office Furniture
3	1	1	5	2	Residential Furniture
3	1	1	5	3	School Furniture

Account Type	Sub-Head	Item	Sub-Item	Sub-Sub Item	Account Name
3	1	1	5	4	Hospital Furniture
3	1	1	7	1	Bicycles
3	1	1	7	2	Motor Cycles ?=125cc
3	1	1	7	3	Motor Cycles ? 125cc
3	1	1	7	4	Motor Vehicles ?= 3,500kg
3	1	1	7	5	Motor Vehicles over 3,500 Kg ?= 16,000Kg
3	1	1	7	6	Heavy Duty Vehicles ? 16,000Kg
3	1	1	8	1	Ambulances

Annex 7: Monitoring and Reporting of Implementation of the Plan

Objective: _____

Expected Output: _____

Activity	Expenditure in Kw	Source of funding	Status of implementation	Outstanding	Challenges

ANNEX 8: GANTT Chart for Summarizing Action Plan by Month

Programme area	Planned activities by quarter	Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Directorates/units and provinces will be expected to summarize planned activities by month to enable them to monitor implementation of their plans.

Annex 9: List of Individuals to the Development of the MOH-HQ/Provincial Planning Handbook

Dr. Felix V. Phiri	Mr C. Munyumbwe
Mr D. Chimfwembe	Ms E. Moonze
Mr M. Masiye	Mr S. Banda
Dr. C. Musumali	Mr C. Chansa
Mr H. Kansembe	Dr. E. Sinyinza
Mr R.M Chitembure	Mr. S. S. Mtonga
Mr K. W. Ngoma	Ms J. Huddart -(the late, May Her Soul Rest in Peace)
Mr. B. Chitah	Ms Karle Lotta